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ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 09/27/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE _3_ MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on _03 June 2004_.

2a)☒ This action is **FINAL**.   2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) _1-12_ is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) _1-12_ is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☒ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   This communication is in response to the application filed 6/3/04. Claims 1-12

are pending.

Specification

2.   The original disclosure was objected to because it incorporated figures/drawings

into the text of the specification. It is noted that the Applicant has submitted an

amended version of the Detailed Description of the Invention that does not contain

drawings/figures in the response filed 6/3/04.

However, a substitute specification excluding the claims is required pursuant to

37 CFR 1.125(a) because the interlineations or cancellations made in the specification

could lead to confusion and mistake during the issue and printing processes.

A substitute specification must not contain new matter. The substitute

specification must be submitted with markings showing all the changes relative to the

immediate prior version of the specification of record. In this case, it should make

reference to the removal of the figures and/or drawings. The text of any added subject

matter must be shown by underlining the added text. The text of any deleted matter

must be shown by strike-through except that double brackets placed before and after

the deleted characters may be used to show deletion of five or fewer consecutive

characters. The text of any deleted subject matter must be shown by being placed

within double brackets if strike-through cannot be easily perceived. An accompanying

clean version (without markings) and a statement that the substitute specification

contains no new matter must also be supplied. Numbering the paragraphs of the

specification of record is not considered a change that must be shown.

Claim Rejections - 35 USC § 103

3.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

4.   Claims 1-6 and 10-12 are rejected under 35 U.S.C. 103(a) as being unpatentable

over Evans (USPN 5,924,074) in view of McCormick (USPAP 2002/0120573).

[claim 1]   Evans teaches a system for prescribing medications through the Internet

comprising:

(a) a secured, interactive website for entering and retrieving medical prescriptions, the

website accessible via the Internet by a general use computer; (Evans: Figure 24; col.

12, line 55-col. 14, line 25)

(c) the secured website of (a) further secured by limiting access to medical personnel

having an authorized I.D.; (col. 10, line 59-col. 11, line 9; col. 14, line 62-col. 15, line 32)

(d) a remote dedicated server connected to the Internet with access limited to users

having the authorized I.D.'s of (c), the remote server comprising computer hardware

capable of storage of data for the website of (a); (col. 12, line 56-col. 13, line 56; col. 14,

line 62-col. 15, line 32)

(e) a high security Internet service provider connected to the remote server for providing

access to website by personnel authorized according to (c) (e.g. server(s) to provide

restricted access via the Internet); (Figure 24; col. 12, lines 62-col. 15, line 32)

(f)   means for creating a patient file with patient identifying information, if necessary;

(col. 2, line 22-col. 3, line 23; col. 7, line 65-col. 9, line 14; Figures 12-14)

(g)   means for entering patient prescription information into patient file; (col. 11, lines

65-col. 12, line 35; Figure 19)

(h) means for retrieving patient prescription information from patient file; (Figure 11; col.

7, line 65-col. 9, line 14; col. 10, line 59-col. 11, line 9)

(i) means for entering data regarding filling of prescription in patient file; (Figures 21-22;

col. 10, line 59-col. 11, line 9)

(g) means for logging off patient file screen so as to secure patient information.

(Figures 2-3; col. 12, lines 16-35-e.g. exit button)

Evans teaches a system for providing prescription information that is implemented

over the Internet (Figure 24; col. 12, line 55-col. 14, line 25) as explained above, but

does not expressly disclose that the website/Internet access is secured by encryption.

However, Evans does disclose several security features to limit access to patient

medical information (i.e. tiered password systems; restricted access to patient records

based upon specialty) (col. 14, lines 62-col. 15, line 32). McCormick teaches a system

for healthcare professionals that includes a website secured by encryption. (par. 60,87-

96; 110-117) At the time of the Applicant's invention, it would have been obvious to one

of ordinary skill in the art to modify the system/method of Evans with the teaching of

McCormick to secure the website for accessing patient data using encryption. As

suggested by McCormick one would have been motivated to include this feature to

ensure that patient confidentiality is maintained (par. 62)

Also, Evans discloses a system for providing restricted access to authorized

healthcare professionals, but does not expressly disclose that the system provides

authorized ID's to pharmacy personnel. However, Evans does teach a system that

transmits prescription data to pharmacies. (col. 10, line59-col. 11, line 9) McCormick

teaches a system including authorized user ID's for healthcare professionals including

pharmacists (pages 5-9, par. 89, 98, 105-109). At the time of the Applicant's invention it

would have been obvious to one of ordinary skill in the art to modify the system/method

of Evans with the teaching of McCormick to include authorized user ID's for pharmacy

personnel. As suggested by McCormick one would have been motivated to include this

feature to ensure that patient confidentiality (e.g. regarding prescription information) is

maintained (par. 62).

[claim 2] Evans teaches a system wherein the website provided in (a) further

comprises Internet links to one or more drug information databases comprising drug

history, adverse reactions to drugs, interactions between two or more prescribed

medications. (Figures 21-22, 24; col. 8, line 29-col. 9, line 14; col. 10, line 59-col. 11,

line 30, line 65-col. 12, line 34, line 56- col. 14, line 25)

[claim 3] Evans teaches a system wherein the website further comprises a database of

patient medication history. (Figures 21-22, 24; col. 8, line 29-col. 9, line 14; col. 11, line

65-col. 12, line 34; col. 12, line 56-col. 14, line 25)

[claim 4] Evans teaches a system wherein the remote dedicated server and the

Internet system providers are the different computer hardware systems. (col. 12, line

56-col. 14, line 25)

[claim 5] Evans teaches a system wherein the means for creating a patient file

comprises a screen for entering identifying information selected from a group

comprising: patient name, patient social security number, patient driver's license, patient

I.D. code or a combination thereof. (Figures 3,12-15a; col. 2, line 22-col. 3, line 23; col.

5, line 56-col. 7, lines 14; col. 7, line 65-col. 9, line 14)

[claim 6] Evans and McCormick teach the system of claim 1 as explained in the

rejection of claim 1. Evans further teaches a system including authorized user I.D. (col.

14, lines 42-50, line 62-col. 15, line 32), but does not expressly disclose the form or

content of the authorized user ID. McCormick teaches a system wherein the authorized

I.D. is includes personal codes or identification numbers (par. 60-31,98-103 and 105-

109). At the time of the Applicant's invention, it would have been obvious to one of

ordinary skill in the art to further modify the system of Evans with the teaching of

McCormick to use personal codes or identification numbers as authorized user ID's.

One would have been motivated to include this feature to maintain patient confidentiality

(see McCormick: par. 62) and to provide a complete audit trail for all patient data.

(Evans: col. 14, lines 42-50).

[claim 10] Evans teaches a system for storing medical patient records on a secured

website comprising:

(a) a secured, interactive website for entering and retrieving a patient's medical data,

the website accessible via the Internet by a general use computer; (Evans: Figure 24;

col. 12, line 55-col. 14, line 25)

(c) the secured website of (a) further secured by limiting access to medical personnel

having an authorized I.D. code; (col. 10, line 59-col. 11, line 9; col. 14, line 62-col. 15,

line 32)

(d) a remote dedicated server connected to the Internet with access limited to users

having the authorized codes of (c), the remote server comprising computer hardware

capable of storage of data for the website of (a); (col. 12, line 56-col. 13, line 56; col. 14,

line 62-col. 15, line 32)

(e) a high security Internet service provider connected to the remote server for

providing access to website by personnel authorized according to (c); (e.g. server(s) to

provide restricted access via the Internet); (Figure 24; col. 12, lines 62-col. 15, line 32)

(f) means for creating a patient file with patient identifying information; (col. 2, line 22-

col. 3, line 23; col. 7, line 65-col. 9, line 14; Figures 12-14)

(g) means for entering patient prescription into patient file created in (f); (Figures 21-22;

col. 10, line 59-col. 11, line 9)

(h) means for entering data regarding changes to patient file; (Figures 21-22; col. 7,

lines 5-64; col. 10, line 59-col. 11, line 9)

(i) means for logging off patient file screen so as to secure patient information. (Figures

2-3; col. 12, lines 16-35-e.g. exit button)

Evans teaches a system for providing prescription information that is implemented over the Internet (Figure 24; col. 12, line 55-col. 14, line 25) as previously explained, but does not expressly disclose that the website/Internet access is secured by encryption. However, Evans does disclose several security features to limit access to patient medical information (i.e. tiered password systems; restricted access to patient records based upon specialty) (col. 14, lines 62-col. 15, line 32). McCormick teaches a system for healthcare professionals that includes a website secured by encryption. (par. 60,87-96; 110-117) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of McCormick to secure the website for accessing patient data using encryption. As suggested by McCormick one would have been motivated to include this feature to ensure that patient confidentiality is maintained (par. 62)

[claim 11]   Evans teaches a system wherein the website provided in (a) further comprises Internet links to one or more medical information databases comprising current therapy and medical treatment for medical diseases and disorders. (Figures 21-22, 24; col. 7, lines 41-col. 8, line 18; col. 8, line 29-col. 9, line 14; col. 10, line 59-col. 11, line 30, line 65-col. 12, line 34, line 56- col. 14, line 25)

[claim 12]   Evans teaches a system of claim 10 wherein the website provided in (a) further comprises Internet links to one or more drug information databases comprising drug history, adverse reactions to drugs, interactions between two or more prescribed medications. (Figures 21-22, 24; col. 8, line 29-col. 9, line 14; col. 10, line 59-col. 11, line 30, line 65-col. 12, line 34, line 56- col. 14, line 25)

5.   Claims 7-8 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Evans and McCormick, in view of Mayaud (USPN 5,845,255).

[claim 7] Evans and McCormick teach the system of claim 1 as explained in the

rejection of claim 1. Evans and McCormick also teach the use of authorized user ID's

(Evans: col. 14, lines 42-50, line 62-col. 15, line 32/ McCormick: par. 60-31,98-103 and

105-109), but do not expressly disclose that the user ID's include eye scan, thumb scan,

hand scan or finger print scan. Mayaud teaches a system wherein the authorized ID's

include thumb scan, hand scan or finger print scan. (col. 17, lines 54-59) At the time of

the Appliant's invention, it would have been obvious to one of ordinary skill in the art to

further modify the system of Evans and McCormick to use thumb scan, hand scan or

finger print scan as authorized user ID's. As suggested by Mayaud, one would have

been motivated to include this feature to prevent unauthorized access to a patient's data

or to a physician's prescribing profiles. (col. 17, lines 22-29)

[claim 8]   Evans and McCormick teach the system of claim 1 as explained in the

rejection of claim 1. Evans and McCormick also teach the use of websites and the

Internet for healthcare professional to access a plurality of resources, but do not

expressly disclose that website comprises internet links to insurance health insurance

providers. Mayaud teaches an Internet-implemented system which provides links to

health insurance providers (Figure 16; col. 8, lines 49-67; col. 18, lines 42-57; col. 48,

lines 1-28; col. 48, lines 52-col. 49, lines 66) At the time of the Appliant's invention, it

would have been obvious to one of ordinary skill in the art to further modify the system

of Evans and McCormick to include website links to health insurance providers. As

suggested by Mayaud, one would have been motivated to include this feature to reduce

physician treatment errors by providing access to information on patient benefits (col.

53, lines 35-52).

6.   Claim 9 is rejected under 35 U.S.C. 103(a) as being unpatentable over Evans

and McCormick in view of Boyer (USPN 5,907,493)

[claim 9]   Evans teaches a process for prescribing medications through the Internet

comprising:

(a) providing a secured, interactive website for entering and retrieving medical

prescriptions, the website accessed by a general use computer connected to the

Internet; (Evans: Figure 24; col. 12, line 55-col. 14, line 25)

(c) further securing the website of step (a) by limiting access to medical personnel

having an authorized I.D. (col. 10, line 59-col. 11, line 9; col. 14, line 62-col. 15, line 32)

(d) storing data for the website of step (a) on a remote dedicated server computer

system connected to the Internet, the remote dedicated server being limited to access

by users having the authorized I.D. of step (c); (col. 10, line 59-col. 11, line 9; col. 12,

line 55-col. 13, line 56; col. 14, line 62-col. 15, line 32)

(e) connecting a high security Internet service provider comprising a computer hardware

system to the remote dedicated server of step (d) to provide access to website for

personnel authorized according to step (c); (e.g. server(s) to provide restricted access

via the Internet); (Figure 24; col. 12, lines 62-col. 15, line 32)

(f) accessing a patient file, if available; (col. 5, line 56-col. 6, line 54; col. 11, lines 65-col. 12, line 35; Figure 19)

(g) creating a patient file, if not available according to step (f), the patient file comprising patient identifying information, the identifying information selected from a group comprising: patient name, patient social security number, patient driver's license, patient I. D. code or a combination thereof; (col. 2, line 22-col. 3, line 23; col. 7, line 65-col. 9, line 14; Figures 12-14)

(h) entering a prescription into patient file; (col. 11, lines 65-col. 12, line 35; Figure 19)

(i) retrieval of prescription entered into patient file (Figs. 13, 21; col. 2, lines 22-66)

(j) entering data regarding filling of prescription in patient file; (Figures 21-22; col. 10, line 59-col. 11, line 9)

(k) logging off patient file screen to secure patient information. (Figures 2-3; col. 12, lines 16-35-e.g. exit button)

Evans teaches a method for providing prescription information that is implemented over the Internet (Figure 24; col. 12, line 55-col. 14, line 25) as previously explained, but does not expressly disclose that the website/Internet access is secured by encryption. However, Evans does disclose several security features to limit access to patient medical information (i.e. tiered password systems; restricted access to patient records based upon specialty) (col. 14, lines 62-col. 15, line 32). McCormick teaches a system for healthcare professionals that includes a website secured by encryption. (par. 60,87-96; 110-117) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Evans with the teaching of

McCormick to secure the website for accessing patient data using encryption. As

suggested by McCormick one would have been motivated to include this feature to

ensure that patient confidentiality is maintained (par. 62).

Also, Evans discloses a system for providing restricted access to authorized

healthcare professionals, but does not expressly disclose that the system provides

authorized ID's to pharmacy personnel. However, Evans does teach a system that

transmits prescription data to pharmacies. (col. 10, line59-col. 11, line 9) McCormick

teaches a system including authorized user ID's for healthcare professionals including

pharmacists (pages 5-9, par. 89, 98, 105-109). At the time of the Applicant's invention it

would have been obvious to one of ordinary skill in the art to modify the system/method

of Evans with the teaching of McCormick to include authorized user ID's for pharmacy

personnel. As suggested by McCormick one would have been motivated to include this

feature to ensure that patient confidentiality (e.g. regarding prescription information) is

maintained (par. 62).

Evans and McCormick teach a method for providing encrypted website access

as previously described. Evans further discloses that information/prescriptions may be

transmitted to a pharmacy (col. 11, lines 1-9), but do not expressly disclose that

pharmacy personnel retrieve of the prescription in entered into patient file. Boyer

teaches a system wherein pharmacy personnel retrieve prescription information entered

into a patient file (Figures 1b and 1c; col. 5, line 36-col. 6,line 51). At the time of the

applicant's invention, it would have been obvious to one of ordinary skill in the art to

further modify the system of Evans and McCormick with teaching of Boyer to have

pharmacy personnel retrieve prescription information entered into the patient file. One

would have been motivated to include this feature to minimize treatment and drug

dispensing errors by allowing the pharmacies to directly access the prescription

information as entered by the prescriber.

Response to Arguments

7.   Applicant's arguments filed 6/3/04 have been fully considered but they are not

persuasive.

(A)   Throughout the response, the Applicant has suggested that the Applicant's own

claim language has been used against Applicant in the rejection. It should be noted it is

a common practice in the Office to copy Applicant's claim language and to provide

citations from the prior art, which the Examiner interprets as corresponding to the

claimed limitations. This should not be construed as Applicant's own invention being

used as prior art against him/her.

(B)   Applicant argues that the Evans reference pertains to an electronic medical

record system, and is not exclusively for prescribing medications. The Applicant further

argues that the Evans reference does not provide a system and method for prescribing

medications through the Internet that is "simple and highly secure" because it lacks the

use of individual authorized ID codes.

        In response, it is not necessary that the prior art applied to address the current

claim limitations be drawn *exclusively* to a prescription method and/or system.

Having additional elements in the applied references does not preclude the fact that

references address the Applicant's invention as it is currently claimed. Insofar as

Applicant uses the word "comprising" at end of each claim's preamble, it is irrelevant

whether the applied references contain additional elements beyond those claimed by

Applicant, and not required by Applicant. The Examiner understands the term

"comprising" in claim language to mean, "having at least". If Applicant had intended to

claim an invention that is limited to only those elements specifically recited in the claims,

it is respectfully submitted that the term "consisting of" should be considered rather than

"comprising." The prior art addresses the current limitations of the claimed invention,

and is therefore proper.

As to the Applicant's arguments that the Evans reference is not Internet

implemented and does not include the used of authorized ID codes, the Examiner

respectfully disagrees with the Applicant's interpretation of the prior art. The Evans

reference discloses that the system includes web servers, web browsers, and websites,

and further discloses that it operates via the World Wide Web portion of the Internet

(Figure 24, col. 12, lines 56-63). Moreover, Evans discloses that the identification of

the healthcare provider is captured when he/she accesses the system (col. 14, lines 42-

48), and further discloses that the system protects patient's confidentiality through the

use of a tiered password system (col. 15, lines 20-32). The Examiner understands the

information in these passages to mean that the system includes authorized ID's for

users. An individual must be an authorized user (i.e. has an authorized username/user

ID) and that the user's ID is linked with certain password privileges. If a user attempts

to access the system, the user must present an authorized username/ID and that the username must match his/her access privileges or access to certain patient records will be denied.

(C)   Applicant argues throughout the response that Evans does not teach a system that provides a "high security." In particular, the Applicants argue that the Applicant's system is distinguished from the prior art in that Evans discloses a plurality of remote servers which are independent, while the server in the Applicant's invention is a central server, maintained by the medical prescription service, without sensitive prescription information being stored by a third party server.

In response to applicant's argument that the references fail to show certain features of applicant's invention, it is noted the that the features upon which applicant relies (i.e., the server in the Applicant's invention is a central server, maintained by the medical prescription service, without sensitive prescription information being stored by a third party server) are not recited in the system rejected claim(s) 1. Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

(D)   Applicant argues that Evans reference is limited, in that only subscribing medical facilities with access to the system may access a prescription, while the advantage of the Applicant's system is that any pharmacy, world-wide with an authorized ID code by a patient can access the doctor's prescription.

Again, it is noted that the features upon which applicant relies (i.e., the patient

granting an authorized ID code to pharmacy to access the prescription) are not recited

in the rejected claim(s).   The Applicant has cited passages from the specification to

explain this aspect of the invention. However, although the claims are interpreted in

light of the specification, limitations from the specification are not read into the claims.

See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993)

(E)   Applicant argues that claims 2-6 should be allowable for the reasons set forth in

the arguments regarding claim 1.

In response, the Applicant's arguments regarding claim 1 have been fully

considered but they are not persuasive. Consequently, dependent claims 2-6 are also

not allowable.

(F)   Regarding claims 10-12, Applicants argue that Evans is not an Internet based

system, and therefore there would be not need to use encryption with the system.

Again, the Examiner respectfully disagrees with the Applicant's interpretation of

the prior art. The Evans reference discloses that the system includes web servers, web

browsers, and websites, and further discloses that it operates via the World Wide Web

portion of the Internet (Figure 24, col. 12, lines 56-63).

Moreover, encryption is a well-known technique, which is used to encode data to

prevent unauthorized access, especially during the data transmission process. While

encryption may be commonly used during data transmission via the Internet, its use is

certainly not limited to the Internet.

In response to applicant's argument that there is no suggestion to modify the references, the examiner recognizes that obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found either in the references themselves or in the knowledge generally available to one of ordinary skill in the art. See *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988)and *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir. 1992). In this case, the Examiner has provided specific passages from Evans and McCormick to address the limitation and to provide a motivation for why one of ordinary skill in the art would have been motivated to modify the system of Evans with the teaching of McCormick to include encryption. (See the rejection of claim 10 in the present Office Action).

The arguments regarding claims 11-12 are directed toward the claim 10 arguments, and are therefore not persuasive.

(G)   Applicant argues that the combination of references (Evans, McCormick and Mayaud), do not address the limitations of claim of claims 7-8.

In response to applicant's arguments against the references individually, one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986).

As per claim 7, Evans and McCormick also teach the use of authorized user ID's (Evans: col. 14, lines 42-50, line 62-col. 15, line 32/ McCormick: par. 60-31,98-103 and 105-109), but do not expressly disclose that the user ID's include eye scan, thumb scan, hand scan or finger print scan.   The Mayaud reference has only been relied upon to teach a system wherein the authorized ID's include thumb scan, hand scan or finger print scan. (col. 17, lines 54-59-fingerprint/hand/thumb scan) (Insofar as the Applicant recites "selected from the group comprising . . .", it is irrelevant whether or not any one or all of the references discloses the eye scan recited in the claim.)

Similarly, a combination of references has been relied upon to address the limitations of claim 8. Evans and McCormick also teach the use of websites and the Internet for healthcare professional to access a plurality of resources, but do not expressly disclose that website comprises internet links to insurance health insurance providers.   Mayaud has been relied upon to disclose teaches an Internet-implemented system which provides links to health insurance providers (Figure 16; col. 8, lines 49-67; col. 18, lines 42-57; col. 48, lines 1-28; col. 48, lines 52-col. 49, lines 66)

It should be noted that the test for obviousness is not that the claimed invention must be expressly suggested in any one or all of the references. Rather, the test is what the combined teachings of the references would have suggested to those of ordinary skill in the art. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981). It is the combination of references, which has been relied upon to address the limitations of claims 7 and 8.

(H)   Applicant argues that Boyer does not disclose allowing entry into the system by a prescriber and therefore does not address the limitations of claim 9.

In response to applicant's arguments against the references individually, one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.,* 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986). The Boyer reference has not been relied upon to disclose "a feature of allowing entry into a system by the prescriber." Boyer has been relied upon to teach a system wherein *pharmacy personnel* retrieve prescription information entered into a patient file (Figures 1b and 1c; col. 5, line 36-col. 6,line 51) (a modification of step (i) claim 9). It is the combination of references, Evans, McCormick and Boyer, which has been used to address the limitations of the present claim.

Conclusion

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of
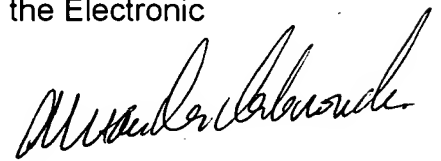
the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is 703-305-0108. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703)305-9588. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

ALEXANDER KALINOWSKI
PRIMARY EXAMINER

RP